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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKETT NO.
08/631,550 08/421,055	04/12/96) 04/12/95	JOHNSON, Michael A. et al	49286USA3F 49286USA9C
			EXAMINER
			Gallagher
			ART UNIT PAPER NUMBER
		•	1301 20
			ATE MAILED:
		EXAMINER INTERVIEW SUMMARY RECOI	RD
All participants applica	int applicant's representa	ative PTO personnel):	/
(1) Mr. Micha	el A. Johnso	n) (3) Ms. Amv Wat	son
(2) Ms. Dorot	hv P. Whelan	(4)	
Date of interview 7	November 1996	6	
	•	ven to □ applicant ☑ applicant's representative).	
Exhibit shown or demo	nstration conducted:	Yes No. If yes, brief description:	OF ROOF DITUKEN WITH
		ACLIKO THERETO	
-		me or all of the claims in question. was not reached.	
Claims discussed:	ONE IN PAR	CTICULDR/DETAIL	
Identification of prior ar	t discussed: ~ つっん	IS ARTICULAR/DETAIL	
			·
Description of the gene	ral nature of what was aç	greed to if an agreement was reached, or any other comm	nents: THR DIL COUTION CONTR
Mariy ON A	ORKSKUTAT	100 BY MR. JOHNSON CONK	K TUR INVESTORY) WHICH
		RADING WP TO THE INVENT	
ENRIPLIZA	O THAT IT C	THE COMB, LATION OF A E HEAT METABLE/FLOWABLE WIND the amendments, if available, which the examiner agree	MARUNION REN STABLE (20.
BACKING KI	cm ewith 6	I MKLTABLK/KLOWABLE WOD,	REAVER THAT FORMED T
(A fuller description, if rattached. Also, where	necessary, and a copy of no copy of the amendme	the amendments, if available, which the examiner agreements which would render the claims allowable is available, the substance of the interview.	d would render the claims allowable must be a summary thereof must be attached.) Reference of the control of t
WAIVED AND MUST I	NCLUDE THE SUBSTAN	to indicate to the contrary, A FORMAL WRITTEN RESPONCE OF THE INTERVIEW (e.g., items 1-7 on the reverse given one month from this interview date to provide a state	side of this form). If a response to the last Office
requirements	that may be present in the	ry above (including any attachments) reflects a complete e last Office action, and since the claims are now allowable action. Applicant is not relieved from providing a separation.	ole, this completed form is considered to fulfill the

box 1 above is also checked.

PTOL-413 (REV. 2 -93)

Examiner's Signature Art. Unit 1301